## APPLICATION FOR PRIVATE SEWAGE DISPOSAL SYSTEM PERMIT

## BUTLER COUNTY ENVIRONMENTAL HEALTH 428 – 6<sup>th</sup> Street, Box 325, Allison, IA 50602 Ph. 319-267-2934

Date		Permit Fee:	\$250
Title Holder		OFFICE USE Permit No.	
Mailing Address		Date of Site Visit:	
SITE ADDRESS			
Parce	el #:		
Section: Town	ıship: Ra	nge:	
Telephone Number (home) (work) (cell)	□Existing	Construction	
☐ Residential	r	☐ Commercial	ļ
No. of Bedrooms  Shop (Mark if system is for shop or includes a shop bath		pe . of Employees	_
<u>Fixtures</u> :			
No. of Toilets No. of Sinks No	. of Showers		
☐ Water Softener ☐ Garbage Disposal ☐ Basement Fixtures:	□ Dish W	asher	l Pool Tub
Is this installation a result of the Time of Tran	sfer inspection la	w? □ Yes □ No	
If for new construction, is a building permit and Administrator? ☐ Yes ☐ No ☐	pplication on file ∃Not Applicable		nty Zoning
If you are replacing or repairing an existing sy Wastewater Loan Program? ☐ Yes ☐ No (N	•		
A private sewage disposal permit is valid for a period the permit being issued, the applicant must apply for a required at that time.			
The private sewage disposal system must be installe County. You can request a list of contractors from this		tho is licensed and certi	fied with Butler
A soil analysis will need to be conducted by this office must be made available for the soil analysis**	e in order to determ	ine the size of drain field	d. **A backhoe
Signature of Applicant:			